

Return Entire Renewal Application To:



CHARITABLE SOLICITATIONS PROGRAM
35 STATE HOUSE STATION
AUGUSTA ME 04333-0035

EXEMPT
CHARITABLE
ORGANIZATION
RENEWAL
APPLICATION

«LicenseDesc»	«LicensePrefix» «LicenseNumber»	EXPIRATION DATE: «Expiration»	FOR OFFICE USE ONLY Do not write in this box.
«FullName» «Address1» «Address2» «Address3» «Address4» «Address5» Telephone: «Phone» Fax #: «FaxNumber» Email address: «EmailAddress»			CK #
			AMT
			CN
			DATE
			Code: «FeeCode1»
Physical Location: «Home_addr1» «Home_addr2» «Home_addr3» «Home_addr4» «Home_addr5»			
AMOUNT DUE: «FeeAmt1» PLUS \$50.00 LATE FEE if application postmarked after November 30.			

PAYMENT OPTIONS:	
Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:	
NAME OF CARDHOLDER (please print)	<div style="display: flex; justify-content: space-between;"> FIRST MIDDLE INITIAL LAST </div>
I authorize the Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD the following amount: \$_____	
Card number: XXXX-XXXX-XXXX-XXXX	Expiration Date mm / yyyy
SIGNATURE	DATE

By my signature, I hereby certify that the information provided on this application is true, factual and accurate to the best of my knowledge and belief. I acknowledge that the Office of Licensing and Registration will rely upon this information for issuance of a license, and that sanctions may be imposed, including denial, fines, suspension or revocation of the license, if this information is found to be false.	
Name (Printed/Typed):	
Signature:	Date:

Sworn and subscribed to before me this _____ day of _____, 20__.	
Notary Signature:	Jurisdiction in Which Signed:

**YOU MUST COMPLETE EVERY ITEM ON THIS APPLICATION.
INCOMPLETE APPLICATIONS WILL BE REJECTED.**

AFFIDAVIT FOR EXEMPTION

(from the requirement to become licensed as a Charitable Organization)

Personally appeared before me, the undersigned authority _____
(Person Making Statement)

who is _____
(Owner/President/Vice President/Secretary/Treasurer/Partner)

of _____
(Name of Organization)

located at _____
(Mailing Address)

(City)

(State)

(Zip Code)

Telephone Number:

Email:

Federal Employer's Identification Number (FEIN):

Describe the purpose of the Exempt Charitable Organization:

The fiscal year for the organization is from: / / to / /

Check the category of exemption for which your organization is applying:

- ☐ Organizations that solicit primarily from within their membership and in which solicitation activities are conducted by the members.
- ☐ Persons soliciting contributions for the relief of any individuals specified by name at the time of the solicitation, when all of the contributions collected, without any deductions whatsoever, are turned over to the named beneficiary for that individual's use.
- ☐ Organizations that do not intend to solicit and receive and do not actually solicit or receive contributions from the public in excess of \$10,000 during a calendar year or do not receive contributions from more than ten persons during a calendar year, if all fund-raising activities are carried on by persons who are unpaid for their services and if no part of the assets or income inures to the benefit of, or is paid to, any officer or member.
- ☐ Educational institutions, the curriculums of which in whole or in part are registered or approved by the Department of Education, either directly or by acceptance of accreditation by an accrediting body recognized by the Department of Education, and organizations operated by the student bodies of such institutions.
- ☐ Hospitals which are nonprofit and charitable.

Instructions and Information

Exempt Charitable Organization status exempts the organization from licensure as a Charitable Organization in the State of Maine.

Exempt Charitable Organizations are required to file an Affidavit for Exemption (this application) annually, on or before the November 30th renewal date.

If your organization qualifies for any of the “exemptions” listed on page #2, then please complete the affidavit and submit the required documentation. If it does not, then please complete a Charitable Organization license application, which is available at this website:

<http://maine.gov/pfr/professionallicensing/professions/charitable/forms.htm>

Please read the laws and rules governing Charitable Solicitations prior to submitting your application. These are available at the following website:

<http://www.maine.gov/pfr/professionallicensing/professions/charitable/laws.htm>

Additional information is available at:

http://www.maine.gov/pfr/professionallicensing/professions/charitable/exempt_organization.htm

You may contact our office with any questions:

Marlene McFadden, Tel. 207/624-8624, email: marlene.m.mcfadden@maine.gov.

Prior to submission:

- Complete every item on the application. (Incomplete applications will not be accepted.)
- Sign, date, and notarize the application. Signatures must be original, and the application must be notarized.
- Include a check for the correct amount (payable to Maine State Treasurer) or credit card information (plus signature). DO NOT SEND CASH.
- Attach Financial Information – A copy of:
 - > your organization’s most recent audited financial statement, and
 - > your organization’s most recent IRS Form 990, Form 990-EZ, or Form 990-N / “electronic postcard.”Submit both, if available. If you have only one, submit it. If you have neither, submit a photocopy of the organization’s budget.)
- Provide a current list of officers, directors and trustees, including the organization’s principal officer. This list must include mailing addresses, contract phone numbers and email addresses.
- Make a copy of your application to keep for your records.